

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------|--|---------------------------|------|----------------------------------------------------------------------------------------------------------|------------------------------------------|----------------|----------------------|--|---------------------------------|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 23-MAR-2014 | | TIME 22:10:00 | | 2. ADDRESS OF OCCURRENCE 4100 W ARMITAGE AVE CHICAGO, IL 60639 | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 2525 | | | | | | | | | | | | | |
| | 5. POSITION 9161 | | 6. LAST NAME TULL | | 7. FIRST NAME DAVID L | | 8. STAR NO 16233 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT. 601 | | 13. WT. 185 | | | | | | |
| | 14. DATE OF APPT. 02-DEC-2002 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 025 2522 | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME MORENO | | | | 21. FIRST NAME KASSANDRA | | | | 22. M.I. [REDACTED] | | 23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | | 24. RACE WWH | | 25. D.O.B. 09-JUL-1993 | | 26. HT. 504 | | 27. WT. 110 | | | | |
| | 28. ADDRESS 105 S WEST ST MAGNOLIA, IL 61336 | | | | 29. TELEPHONE NO [REDACTED] | | | | 30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | | | 34. BY WHOM? [REDACTED] | | | | 35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | | | | |
| 36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/21-2 | | | | | | | | | | | | | | | | | | 37. CB NO. 18860154 | | IR NO. [REDACTED] | | DNA <input type="checkbox"/> | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. DNA <input type="checkbox"/> | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT ASSAULT | | ASSAILANT BATTERY | | ASSAILANT DEADLY FORCE | | | | | | | | | | | | |
| | SUBJECT'S ACTIONS | | MEMBER'S RESPONSE | | | | | | | | | | | | | | | | | | | | |
| 39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED] | | | | | | | | | | | | | | | | | | 40. ADDITIONAL INFORMATION [REDACTED] | | | | | |
| WEAPON DISCHARGE INCIDENT | POSITION | | STAR NO | | UNIT | | | | | | | | | | | | | | | | | | |
| | 41. WEAPON TYPE | | 42. INCIDENT OCCURRED | | 43. LIGHTING CONDITIONS | | 44. WEATHER CONDITIONS | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | CLEAR | | | | | | | | | | | | | | |
| | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | | | | | | | | | | | | | | | | |
| | 49. TASER DART ID NO. | | 50. WEAPON SERIAL NO. (Include Letters) | | 51. CHICAGO GUN REG. NO | | 52. IL FIREARM OWNER ID, NO | | 53. HANDGUN CERTIFICATE NO | | | | | | | | | | | | | | |
| | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | | | | | | |
| | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | 63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | |
| | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DESCRIBE PROJECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT. | | 67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | |
| | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 70. EVENT NO 1408214750 | | 71. R.D. NO HX186378 | | | | | | | | | | | | | | | | |
| | 72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | 73. REPORTING MEMBER (Print Name) TULL, DAVID L | | | | STAR/EMPLOYEE NO. 16233 | | | | SIGNATURE [REDACTED] | | | | | | | | | | | | | | |
| | 23-MAR-2014 23:34:39 | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | | | | | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) SIWEK, JEFFREY J | | | | STAR NO 1294 | | | | SIGNATURE [REDACTED] | | | | DATE REVIEWED 23-MAR-2014 23:37:00 | | | | TIME | | | | | | | |

100 1076618

Attachment 16

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee gone upon approval of this TRR.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The officer's actions were appropriate for dealing with an Active Resister.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SCHWIEGER, SCOTT M

SIGNATURE

DATE COMPLETED

TIME

26-MAR-2014 10:23:31

79. TOTAL TRR's THIS EVENT No.

3

LOG # 1076618

Attachment # 16